



**Indiana
Professional
Licensing
Agency**

Medical Licensing Board of Indiana
402 West Washington Street, Room W072
Indianapolis, Indiana 46204
Phone: (317) 234-2060
Website: PLA.IN.gov

Michael R. Pence, Governor

Nicholas W. Rhoad, Executive Director

Medical Controlled Substance Registration Renewal Form

Your Controlled Substance Registration (CSR) is expired. To renew by mail, please complete this form in its entirety and submit it with the expired renewal fee of \$110 to the office address shown in the above right corner. Checks should be made out to: Indiana Professional Licensing Agency. If you answer 'Yes' to the questions below send a detailed statement regarding the response by email to renewal3@pla.in.gov or by fax to (317) 233-4236.

LICENSEE INFORMATION: Update address, if needed, and provide a current phone number and email address			
Enter Licensee Name	Enter License Number	Enter Expiration Date	Renewal Fee \$110.00
Street Address			
City	State	Zip Code	
Phone Number	Email Address		

QUESTIONS	
1. Since you last renewed, have you ever been arrested or convicted for a crime that has not been expunged by an Indiana court?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Since you last renewed have you ever had any action, discipline or revocation on your DEA (U.S. Drug Enforcement Administration) registration or entered into a Memorandum of Understanding (MOU) on said registration?	Yes <input type="checkbox"/> No <input type="checkbox"/>

LICENSEE AFFIRMATION	
By signing below, I hereby attest that the information listed on this renewal application is true, complete and correct.	
Signature of Licensee	Date (month, day, year)

Visit us on the web at www.pla.in.gov for additional information regarding your licensure or email the Board at pla3@pla.in.gov.

FOR OFFICE USE ONLY		
Renewal Fee	Receipt No.	Date